



LOUISVILLE/JEFFERSON COUNTY METRO REVENUE COMMISSION

FORM W-1 D

MONTHLY WITHHOLDING DEPOSIT FORM

☐ CHECK IF CHANGED

Name _____
Address _____
City _____ State _____ Zip _____
SSN _____ Phone _____ Ext _____

PREPARER/CONTACT PERSON _____

TITLE _____

ACCOUNT NO _____

PHONE NUMBER _____

FEDERAL ID NO. _____

QUARTER ENDING _____

DEPOSIT AMOUNT \$ _____

CHECK APPLICABLE MONTH DEPOSIT IS FOR

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> January
Due Date: February 15th | <input type="checkbox"/> April
Due Date: May 15th | <input type="checkbox"/> July
Due Date: August 15th | <input type="checkbox"/> October
Due Date: November 15th |
| <input type="checkbox"/> February
Due Date: March 15th | <input type="checkbox"/> May
Due Date: June 15th | <input type="checkbox"/> August
Due Date: September 15th | <input type="checkbox"/> November
Due Date: December 15th |
| <input type="checkbox"/> March
Due Date: April 15th | <input type="checkbox"/> June
Due Date: July 15th | <input type="checkbox"/> September
Due Date: October 15th | <input type="checkbox"/> December
Due Date: January 15th |

INSTRUCTIONS

- If any of the above account information is incorrect, please correct where indicated.
- Enter the name and phone number of the preparer or the person to be contacted, if additional information is required.
- Enter the quarter for which the deposit is being made, if necessary.
- Enter the amount of tax which was required to be withheld during the month covered by this deposit.
- Check the applicable month for which the deposit is being made.

REQUIREMENT FOR PAYMENT OF TAX: Every employer who is responsible for withholding occupational license fees of more than \$3,000.00 during any one of the four (4) preceding quarters must submit monthly deposits of the occupational license fees withheld to the Louisville/Jefferson County Metro Revenue Commission. **All monthly withholding tax deposits are due fifteen (15) days after the month end.***

All employers will be required to file a quarterly withholding tax return (FORM W-1) by the last day of the month following the close of the calendar quarter.

License Fee Return For	Filed by (* Postmarked or Hand Delivered)
1 st quarter	April 30
2 nd quarter	July 31
3 rd quarter	October 31
4 th quarter	January 31

MAILING ADDRESS: P.O. BOX 37740 • LOUISVILLE, KENTUCKY 40233-7740

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